

Seborrheic Keratosis

General:

- Seborrheic Keratoses (SKs) are common epidermal tumors arising from a benign proliferation of immature keratinocytes. Most common benign skin lesion.
- Also called seborrheic wart, senile keratosis, senile wart, or basal cell papilloma

Epidemiology:

- Men and women affected equally
- Incidence increases with age, typically occur in people older than 50 but may arise in younger adults
- Thought to be rare in persons < 30 yo but one study found them common in young Australians
- Variants:
 - Dermatitis papulosa nigra: SK on malar portion of face, more often in darker-skinned patients and females
 - Stucco keratoses: multiple skin-colored or white, dry, scaly lesions – often on extremities

Risk Factors:

- Likely autosomal dominant inheritance
- Possible risk factor: sun exposure
- Associated with healing phase of inflammatory skin diseases

Symptoms:

- Often asymptomatic
- May become irritated, inflamed, pruritic - especially 2/2 chafing from clothing. May bleed if irritated.

Diagnosis:

- Sharply demarcated lesions with well-circumscribed borders, raised, warty, and “stuck on” appearance, light to dark brown or black papules or plaques, typically with rough surface and adherent scale. Sizes range from 2 mm to 3 cm, but can be larger.
- Trunk most common; also extremities, face, scalp.
- May see cutaneous horns (horn cysts when examined with hand lens), dark keratin plugs
- Leser-Trélat sign: controversial. Sudden increase (3-6 months) in onset or increase in number of SKs 2/2 underlying internal malignancy – usually adenocarcinoma of stomach, colon or breast. RARE. May see simultaneous development of acanthosis nigricans suggesting true neoplastic syndrome. Work-up: thorough H&P, routine blood work; consider CXR, mammography and pap smear in women, PSA in men, endoscopic studies.

Differential Diagnosis:

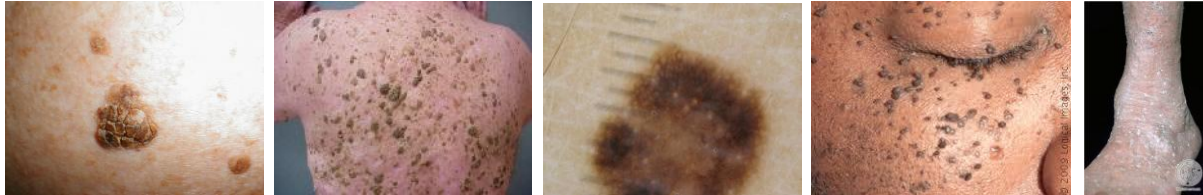
- Nevus: often without stuck-on or warty appearance, no scaling
- Melanoma: no stuck-on or warty appearance, usually with blurred borders, asymmetry, and h/o changing mole. Melanomas tend to vary more in color including shades of blues, grays, and reds; SKs are typically limited to shades of brown and black. Melanomas also typically more smooth and sometimes friable whereas SKs are often rougher. SKs are most common disease mistaken for melanoma (only 1% of biopsies are positive for melanoma).
- Pigmented basal cell carcinoma: often a slowly changing lesion with waxy appearance, telangiectasias, or ulcerations
- Spreading pigmented actinic keratosis: no horn pearls, on erythematous base
- **Identifying lesions at high risk for malignancy:**

| ABCDE System | Glasgow 7-point checklist |
|---|---|
| <ul style="list-style-type: none"> • Geometric Asymmetry in two axes • Irregular Border • At least two different Colors in lesion • Maximum Diameter > 6 mm • Evolution of lesion <p><i>Positive if 1 or more criteria met A level recommendation</i></p> | <ul style="list-style-type: none"> • Major features: <ul style="list-style-type: none"> ○ Change in size of lesion ○ Irregular border ○ Irregular pigmentation • Minor features: <ul style="list-style-type: none"> ○ Inflammation ○ Itch or altered sensation ○ Lesions larger than others ○ Oozing and crusting <p><i>High sensitivity, but low specificity – useful for ruling out melanoma when negative. B level recommendation</i></p> |

Treatment and Follow-Up:

- Treatment usually unnecessary – often only for cosmetic reasons, to decrease inflammation, or rule out malignancy
- Cryosurgery (liquid nitrogen) – typically effective unless very thick lesions, may need repeat treatments
- Curettage
- Shave excision
- Excisional biopsy – to rule out melanoma
- Topical steroids for irritated lesions (symptomatic relief only)
- Benign condition without need for follow up
- Malignant transformation to squamous cell carcinoma described in 2 case reports

Examples:



Dermatitis papulosa nigra

Stucco keratoses

References:

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